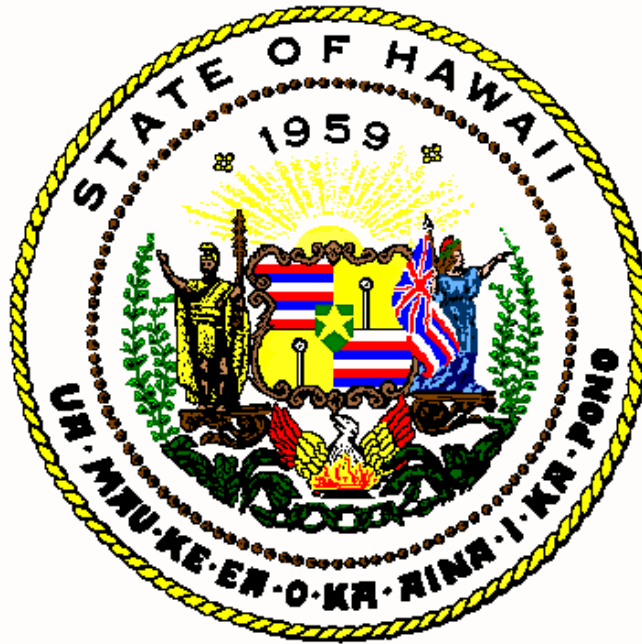


STATE OF HAWAII
Department of Labor & Industrial Relations
Hawaii Occupational Safety & Health Division (HIOSH)



UNSAFE EMPLOYMENT FOR WOMEN
ANNUAL REPORT
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INTRODUCTION

This report was prepared in accordance with Section 396-17, Hawaii Revised Statutes, which requires an annual report on “occupations and other employment activities that are considered to be unsafe and are predominantly performed by women.”

In 1999, 65 million of the 108 million women aged 16 and older were workforce participants, defined by the Bureau of Labor Statistics (BLS) as persons who are working or looking for work. 75% of employed women worked full-time, while 25% (16 million) worked part-time. Nationwide, 3.7 million or nearly 6% of working women hold multiple jobs and many believe that the percentage is even higher for working women in Hawaii. Clearly work and the ability to work is extremely important for women in Hawaii.

For this report, the Hawaii Occupational Safety and Health Division (HIOSH) is using the National Institute for Occupational Safety and Health (NIOSH) as the definitive source for what might be considered as unsafe occupations or activities for women. Neither OSHA nor the Occupational Safety and Health Administration (OSHA), define “unsafe” occupations. Employment activities that are typically considered to be unsafe by HIOSH and OSHA include tasks and activities that are predominantly performed by men. These include construction, mining, durable goods manufacturing such as steel and construction materials, logging, truck driving, and fishing. But this perception is based somewhat on a bias based on the notion that only mortality information is important, on the paucity of information on occupational diseases, and on the outdated and incorrect belief that men’s work is more important because the man is the primary breadwinner.

Although women experience proportionately fewer lost-time injuries than do men, their rates are nonetheless substantial, accounting for one of every three lost-work-time injuries during 1999.¹ In Hawaii, more women have to work than nationwide, thus contributing an even larger share of potential injuries. In 1997, 63.5% of women in Hawaii aged 16 or older were in the Labor Force compared to 60.1% for the rest of the nation.² The changing demographics of the nation’s workforce over the past 40 years - more minorities, more women, more health compromised workers who are able to work because of advances in medical technology, an increasingly older population, and the decline of manufacturing and increase in the service sector -- has yielded new information on hazards that were not previously associated with the workforce. These new or emerging hazards, such as reproductive hazards of cancer drugs, ergonomic hazards in the services and health care industry, and workplace violence in late-night retail and health care industries, are often just as life-threatening as the traditional workplace injury or fatality, and in many cases are even more insidious because women in these female dominated jobs were either unaware of these “hazards” when they originally entered the profession, or the traditional thought is that

¹ Bureau of Labor Statistics, *Lost-Work-time Injuries, and Illnesses. Characteristics and Resulting Time Away from Work: 1999*. Washington D.C.: United States Department of Labor: 2001-3-28. USDL 01-71.

² Ciazza Amy B, ed., *The Status of Women in Hawaii. Politics-Economics-Health-Demographics*. Washington D.C. The Institute for Women’s Policy Research and the Hawaii State Commission on the Status of Women, 2000.

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these are “safe” occupations. Once made aware, women often view their jobs as generally more unsafe than they first thought. In a survey of working women sponsored by the Teresa and H. John Heinz III foundation, one-quarter of all women viewed their jobs as dangerous to their health.³

This report, therefore, uses the NIOSH assessment of women’s workplace health and safety issues, which is based on a woman’s perspective, as the framework for discussing the status of unsafe occupations or employment activities for the women of Hawaii.

MUSCULOSKELETAL DISORDERS

Sprains and strains, carpal tunnel syndrome, tendonitis, and other musculoskeletal disorders account for more than half (52%) of the injuries and illnesses suffered by female workers in the United States, as compared to 45% for male workers. Women workers are at disproportionately high risk for musculoskeletal injuries on the job. Liberty Mutual’s Workplace Safety Index reports that the number one cause of workplace injuries is overexertion, which accounted for \$9.8 billion, or 25.3% of the total paid by employers in direct wages and medical costs for injuries resulting in employees missing five or more days of work in 1998. Repetitive motion adds another \$2.3 billion and together they comprise more than 31.3% of the total direct costs. Indirect costs – which may include the paperwork and administrative costs of filing and processing claims, hiring and re-training replacement workers – add, conservatively, another four times to the direct costs or \$50 billion.

Musculoskeletal disorders are often crippling, resulting in not only disability for the affected worker but a severe reduction in the quality of life. Sprains and strains of the back, neck, shoulder and upper extremities due to overexertion often extend into the home life. Women, in particular, whose “work” continues beyond the job to the home, are severely affected by such injuries that can impact their ability to perform routine household tasks. Such costs and burdens to the family are often not accounted for in workers’ compensation payments.

BLS reports that Hawaii has one of the highest rates of ergonomic related injuries. From 1999 to 2000, Hawaii experienced an increase in ergonomic injuries, whereas most other states experienced a slight decrease. Hawaii has a higher proportion of women working, female dominated occupations such as nurses, nurses’ aides, housekeepers, seamstresses, and food servers have high rates of ergonomic injuries, and Hawaii’s ergonomic injury rates are increasing. Clearly, ergonomic hazards severely impact women workers in Hawaii.

OSHA adopted an ergonomic standard in 2000 which was repealed by Congress soon after. OSHA’s current approach to ergonomic hazards is “multi-pronged” – (1) Guidelines based

³ Carey AR. Mullins AE. Workplace health worries. Report on a survey conducted by Lake Sosis Snell Perry for the Teresa and H. John Heinz III Foundation. *USA Today*. 1998:1-5.

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on best practices or developed through industry partnerships; (2) Compliance assistance in the form of consultations, training and training grants, electronic “tools”, and outreach materials and information; (3) Research in ergonomic hazards and fixes coordinated through a national advisory committee on ergonomics; and (4) Enforcement for “bad actors” – employers who have high rates of ergonomic injuries and have done little or nothing to address them. OSHA currently has guidelines for the nursing home industry, a draft poultry processing guideline, a draft grocery store guidelines, is developing one in cooperation with meat packers, and a partnership to do so with the furniture manufacturers. Compliance assistance is in the form of disseminating the various guidelines. OSHA’s training grants, the Susan Norwood grants, have been severely cut for the next fiscal year. NIOSH, the research agency for occupational safety and health, has also had its research budget cut. OSHA has not issued a single ergonomics violation since before 1999. In short, OSHA’s approach is short on action.

Hawaii should have an ergonomics standard. Ergonomic injuries are a significant risk to working women and men in the state. Ergonomic solutions are often inexpensive and such costs pay for themselves many times over through reductions in injuries and improved productivity and efficiency. The perception, however, is that ergonomics is costly. This myth was perpetuated by those opposed to an ergonomics standard to scare businesses into opposing an ergonomic regulation. An ergonomics standard would level the playing field for businesses and enable more businesses to become competitive and remain viable in the long term. Without an ergonomics standard, Hawaii workers, and especially women, would continue to get hurt, many would become disabled and the costs throughout the state would rise without contributing to economic growth, i.e. no real productivity and no “new” dollars.

Hawaii does not have an ergonomics standard because the division does not have the resources to conduct the research necessary to withstand legal challenges. Continued staff vacancies in key areas prevent compiling of information and development of a suitable strategy for Hawaii. Until then, HIOSH continues to issue citations under its safety and health program standard for employees who fail to take reasonable action when employees are exposed to the hazards of lifting.

JOB STRESS

Stress at work is a growing problem for all workers, including women. In one survey 60% of employed women cited stress as their number one problem at work. Furthermore, levels of stress-related illness are nearly twice as high for women as for men.

Many job conditions contribute to stress among women. Such job conditions include heavy workload demands; little control over work; role ambiguity and conflict; job insecurity; poor relationships with coworkers and supervisors; and work that is narrow, repetitive, and

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monotonous. Other factors such as sexual harassment and work and family balance issues, many also be stressors for women in the workplace.

It is interesting to note that the wage gap between men's and women's wages remains relatively the same, standing at 73.5 percent of men's. In Hawaii the gap is a little narrower at 83.8 percent of men's, but much of that narrowed gap is due to the loss of higher paying jobs that are traditionally occupied by men, such as the construction trades.⁴

Job stress has been linked with cardiovascular disease, musculoskeletal disorders, depression, and burnout.

HIOSH believes that its role in reducing job stress is in carrying out its mission of assuring safe and healthful working conditions for every working man and woman in the state.

VIOLENCE IN THE WORKPLACE

Homicide is the leading cause of injury death for women in the workplace. Homicide accounts for 40% of all workplace death among female workers. Workplace homicides are primarily robbery-related, and often occur in grocery/convenience stores, eating and drinking establishments and gasoline service stations.

Over 25% of female victims of workplace homicide are assaulted by people they know (coworkers, customers, spouses, or friends). Domestic violence incidents that spill into the workplace account for 16% of female victims of job-related homicides.

In 2000, assaults and violent acts were the number one cause for workplace fatalities, accounting for 40% of the fatal occupational injuries in Hawaii.⁵

Female workers are also at risk for nonfatal violence. Women were the victims in nearly two-thirds of the injuries resulting from workplace assaults. Most of these assaults (70%) were directed at women employed in service occupations, such as health care, while an additional 20% of these incidents occurred in retail locations such as restaurants and grocery stores, all of which employ women in significant numbers.

HIOSH's strategy involves outreach and assistance for employers in the development of workplace violence prevention approaches. HIOSH assisted the state Attorney General's office in developing a workplace violence manual entitled "Workplace Violence: Prevention, Intervention and Recovery". This publication is available on the HIOSH website, in addition to links to other workplace violence prevention information. In

⁴ Ciazza Amy B, ed., *The Status of Women in Hawaii. Politics-Economics-Health-Demographics*. Washington D.C. The Institute for Women's Policy Research and the Hawaii State Commission on the Status of Women, 2000.

⁵ U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State and Federal Agencies. Census of Fatal Occupational Injuries (CFOI).

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enforcement, HIOSH enforces its general duty clause where employers are not taking reasonable action to prevent workplace to their workers.

WOMEN IN NON-TRADITIONAL EMPLOYMENT

Women in non-traditional employment may face health and safety risks due to the equipment and clothing provided to them at their workplace. Personal protective equipment (PPE) and clothing (PPC) are often designed for average-sized men. The protective function of PPE/PPC (such as respirators, work gloves, and work boots) may be reduced when they do not fit female workers properly. In addition there is the false sense of security that the equipment will be protective, although its protective function has been compromised by poor fit.

Other risks that women may face in non-traditional employment are uncertain. Traditional research used men in the studies. At this point, there is insufficient information about the relative risks of hazards to women in non-traditional employment.

Women who work in nontraditional employment settings may also face specific types of stressors such as sexual harassment and gender-based discrimination.

Through its outreach, training, consultation, and enforcement programs HIOSH endeavors to assure the proper evaluation of hazards, selection and fit of PPE/PPE, and training on its use and limitations.

CANCER

An estimated 180,000 new cases of breast cancer and 12,000 new cases of cervical cancer was expected to be diagnosed in 2000. NIOSH believes that workplace exposures to hazardous substances may play a role in the development of these types of cancer. An example is perchloroethylene, a chemical used in the dry-cleaning industry. NIOSH believes there is a connection between perchloroethylene and cervical cancer. An estimated half of dry-cleaning workers in the United States are women.

HIOSH's permissible exposure limit to perchloroethylene is 25 parts per million (ppm), which is four times lower than that of OSHA.

HEALTH CARE WORKERS

Ninety-two percent of the 4.3 million nurses and nursing aides in the U.S. are female. In addition to being at risk for incidents of musculoskeletal disorders, workplace violence, and

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exposure to hazardous substances, health care workers face other hazards including latex allergy and needlestick injuries.

Between 600,000 – 800,000 needlestick injuries occur annually in health care settings, mostly involving nurses. These injuries pose both physical and emotional threats to health care workers, as serious infections from bloodborne pathogens (such as hepatitis B virus, hepatitis C virus, and human immunodeficiency virus(HIV)) may result.

Health care workers may have an increased risk for developing latex allergy due to their use of latex gloves. Among health care workers who experience frequent latex exposure, 8-12% develop sensitivity to latex. Latex sensitivity may lead to symptoms of latex allergy, such as skin rashes; hives; nasal, eye or sinus symptoms; asthma; and (rarely) shock.

In the U.S., the nursing and personal care industry experienced an injury and illness rate more than double the average for the private sector. The 1999 rate is 13.5 and the 2000 rate is 13.9, versus the national average for private sector rates of 6.3 and 6.1, respectively.

Congress passed legislation requiring the use of safer needle devices, The Needlestick Safety and Prevention Act, on November 6, 2000 and Hawaii adopted the required rule in 2001.

HIOSH has conducted special outreach programs for the nursing home industry in the areas of ergonomics, specifically patient transfer and handling; workplace violence; bloodborne pathogens; and common safety hazards such as slips, trips, and falls.